



United States Environmental Protection Agency
Washington, DC 20460

COMPLETION REPORT FOR BRINE DISPOSAL, HYDROCARBON STORAGE, OR ENHANCED RECOVERY

| | | | | | |
|--|-----------------------------|-------------------------------------|--|---|------------------|
| Name and Address of Existing Permittee | | | Name and Address of Surface Owner | | |
| <p>Locate Well and Outline Unit on Section Plat - 640 Acres</p> <div style="text-align: center;"> <p>N</p> <p>S</p> </div> | | | State | County | Permit Number |
| Surface Location Description | | | | | |
| ____ 1/4 of ____ 1/4 of ____ 1/4 of ____ 1/4 of Section ____ Township ____ Range ____ | | | | | |
| Locate well in two directions from nearest lines of quarter section and drilling unit | | | | | |
| Surface | | | | | |
| Location ____ ft. frm (N/S) ____ Line of quarter section | | | | | |
| and ____ ft. from (E/W) ____ Line of quarter section. | | | | | |
| WELL ACTIVITY | | TYPE OF PERMIT | | Estimated Fracture Pressure of Injection Zone | |
| <input type="checkbox"/> Brine Disposal | | <input type="checkbox"/> Individual | | | |
| <input type="checkbox"/> Enhanced Recovery | | <input type="checkbox"/> Area | | | |
| <input type="checkbox"/> Hydrocarbon Storage | | Number of Wells ____ | | | |
| Anticipated Daily Injection Volume (Bbls) | | | Injection Interval | | |
| Average | | Maximum | | Feet to Feet | |
| Anticipated Daily Injection Pressure (PSI) | | | Depth to Bottom of Lowermost Freshwater Formation (Feet) | | |
| Average | | Maximum | | | |
| Type of Injection Fluid (Check the appropriate block(s)) | | | Lease Name | | Well Number |
| <input type="checkbox"/> Salt Water <input type="checkbox"/> Brackish Water <input type="checkbox"/> Fresh Water | | | Name of Injection Zone | | |
| <input type="checkbox"/> Liquid Hydrocarbon <input type="checkbox"/> Other | | | | | |
| Date Drilling Began | | Date Well Completed | | Permeability of Injection Zone | |
| Date Drilling Completed | | | | Porosity of Injection Zone | |
| CASING AND TUBING | | | CEMENT | | HOLE |
| OD Size | Wt/Ft - Grade - New or Used | Depth | Sacks | Class | Depth |
| | | | | | Bit Diameter |
| | | | | | |
| | | | | | |
| | | | | | |
| INJECTION ZONE STIMULATION | | | WIRE LINE LOGS, LIST EACH TYPE | | |
| Interval Treated | Materials and Amount Used | | Log Types | | Logged Intervals |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Complete Attachments A -- E listed on the reverse. | | | | | |
| <p style="text-align: center;">Certification</p> <p>I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32)</p> | | | | | |
| Name and Official Title (Please type or print) | | | Signature | | Date Signed |